

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED  
JAN 25 2010

Secretary of State  
Capitol Office  
DATE STAMP

Candidate's Name MS HOUSE REPUBLICAN CONF  
Full Address 7020 JACKSON-RAYMOND RD RAYMOND MS  
Telephone 601-857-0966 (Fax) 39154  
E-mail \_\_\_\_\_

Office Sought \_\_\_\_\_ Political Party REPUBLICAN

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	47760	\$ 47760	\$ 47760
Total amount of disbursements	23005	\$ 23005	\$ 23005
Total amount of cash on hand		\$ 29675	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate TRUSSARD

Date 1/22/10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee MHRC  
Reporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>KAREN M'CORD</u>	<u>7/17/09</u>	\$ <u>300</u>
Mailing Address	_____	____	\$
City, State, Zip Code	<u>MADISON, MS</u>	____	\$
Name of Employer (Required)	<u>BLACK STALLION LITERARY FUND</u>	____	\$
Occupation (Required)	_____	Aggregate year-to-date	\$ <u>300</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>REYNOLDS AMERICAN</u>	<u>7/01/09</u>	\$ <u>1000</u>
Mailing Address	_____	____	\$
City, State, Zip Code	<u>WINSTON-SALEM, NC</u>	____	\$
Name of Employer (Required)	_____	____	\$
Occupation (Required)	_____	Aggregate year-to-date	\$ <u>1000</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>C. DELBERT HOSKMAN</u>	<u>6/23/09</u>	\$ <u>250</u>
Mailing Address	_____	____	\$
City, State, Zip Code	<u>JACKSON, MS</u>	____	\$
Name of Employer (Required)	<u>STATE OF MS</u>	____	\$
Occupation (Required)	_____	Aggregate year-to-date	\$ <u>250</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>MS BONDING CO</u>	<u>6/24/09</u>	\$ <u>1000</u>
Mailing Address	_____	____	\$
City, State, Zip Code	<u>JACKSON, MS</u>	____	\$
Name of Employer (Required)	_____	____	\$
Occupation (Required)	_____	Aggregate year-to-date	\$ <u>1,000</u>

Name of Candidate or Committee MHRCReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GEORGE HIGHTOWN</u>		<u>6/23/09</u>	\$ <u>250</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code _____		<u>1/1/</u>	\$
Name of Employer (Required) <u>GRNADA, MS</u>		<u>1/1/</u>	\$
Occupation (Required) <u>UNKNOWN</u>		<u>1/1/</u>	\$
		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>TRADE ASSN.</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS ROAD BUILDING ASSN</u>		<u>6/24/09</u>	\$ <u>1,000</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code _____		<u>1/1/</u>	\$
Name of Employer (Required) <u>JACKSON, MS</u>		<u>1/1/</u>	\$
Occupation (Required) <u>N/A</u>		<u>1/1/</u>	\$
		Aggregate year-to-date	\$ <u>1,000</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>CAMPAIGN ACCT</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>REP. MARK BAKER</u>		<u>6/23/09</u>	\$ <u>1,000</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code _____		<u>1/1/</u>	\$
Name of Employer (Required) <u>BRANDON, MS</u>		<u>1/1/</u>	\$
Occupation (Required) <u>N/A</u>		<u>1/1/</u>	\$
		Aggregate year-to-date	\$ <u>1,000</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SANDERSON FARM, INC</u>		<u>6/24/09</u>	\$ <u>1,000</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code _____		<u>1/1/</u>	\$
Name of Employer (Required) <u>LAUREL, MS</u>		<u>1/1/</u>	\$
Occupation (Required) <u>N/A</u>		<u>1/1/</u>	\$
		Aggregate year-to-date	\$ <u>1,000</u>

Name of Candidate or Committee M H R CReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>CAMPAIGN ACCT</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>FRIENDS OF PHIL BRYANT</u>		<u>6/18/09</u>	\$ <u>250</u>
Mailing Address <u>BRANDON, MS</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>BRANDON, MS</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>N/A</u>		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CRAIG BRASFIELD</u>		<u>6/12/09</u>	\$ <u>250</u>
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code <u>BRANDON, MS</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>SELF</u>		<u>1/1/</u>	\$
Occupation (Required) <u>LAWYER</u>		Aggregate year-to-date	\$ <u>250</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>NUCOR STEEL</u>		<u>6/15/09</u>	\$ <u>500</u>
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code <u>FLOWOOD, MS</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required) <u>STEEL MAKING</u>		Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JAMES SHIBLER</u>		<u>6/16/09</u>	\$ <u>500</u>
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code <u>MADISON, MS</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>NUCOR STEEL</u>		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee MHRCReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS HOSPITAL <del>ASSN</del> ASSN.</u>		<u>7/18/09</u>	\$ <u>1,000</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) <u>TRUCK ASSN</u>		Aggregate year-to-date	\$ <u>1,000</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CARL LANSOUTH</u>		<u>7/02/09</u>	\$ <u>500</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code <u>RICKLAND, MS</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>N/A</u>		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MURPHY TURNER + ASS.</u>		<u>7/14/09</u>	\$ <u>1,000</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code <u>AUSTIN, TX</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>N/A</u>		<u>1/1/</u>	\$
Occupation (Required) <u>PUBLIC AFFAIRS</u>		Aggregate year-to-date	\$ <u>1,000</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>KEVIN ALTMAN</u>		<u>6/23/09</u>	\$ <u>1,000</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code <u>MECHANICSVILLE, VA</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1,000</u>

Name of Candidate or Committee MHRCReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>EUTAW CONSTRUCTION</u>		<u>6/23/09</u>	\$ <u>1,000</u>
Mailing Address _____		____/____/____	\$ _____
City, State, Zip Code <u>ABERDEEN, MS</u>		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ <u>0</u>
Occupation (Required) <u>CONSTRUCTION</u>		Aggregate year-to-date	\$ <u>1,000</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>ASSOCIATION</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS TELECOMMUNICATIONS ASS</u>		<u>6/15/09</u>	\$ <u>1,000</u>
Mailing Address _____		____/____/____	\$ _____
City, State, Zip Code <u>JACKSON, MS</u>		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) <u>ASSOCIATION</u>		Aggregate year-to-date	\$ <u>1,000</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>[REDACTED]</u>		____/____/____	\$ _____
Mailing Address <u>[REDACTED]</u>		____/____/____	\$ _____
City, State, Zip Code <u>[REDACTED]</u>		____/____/____	\$ _____
Name of Employer (Required) <u>[REDACTED]</u>		____/____/____	\$ _____
Occupation (Required) <u>[REDACTED]</u>		Aggregate year-to-date	\$ _____
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ADAMS AND REESE LLP</u>		<u>6/12/09</u>	\$ <u>1,000</u>
Mailing Address _____		____/____/____	\$ _____
City, State, Zip Code <u>NEW ORLEANS, LA</u>		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) <u>LAWYER</u>		Aggregate year-to-date	\$ <u>1,000</u>

Name of Candidate or Committee M.H.R.C.Reporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WILLIAM BILLINGSLEY</u>		<u>6/12/09</u>	\$ <u>2,500</u>
Mailing Address _____		____/____/____	\$ _____
City, State, Zip Code <u>MADISON, MS</u>		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>2,500</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>CAMPBELL ACCT.</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>RAP GREG SNOWDEN</u>		<u>2/23/09</u>	\$ <u>250</u>
Mailing Address _____		____/____/____	\$ _____
City, State, Zip Code <u>MARLBOROUGH, MS</u>		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WB CONSOLIDATED</u>		<u>7/25/09</u>	\$ <u>1,000</u>
Mailing Address _____		____/____/____	\$ _____
City, State, Zip Code <u>JACKSON, MS</u>		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1,000</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>J.R.'S LAWN SERVICE</u>		<u>7/27/09</u>	\$ <u>1,000</u>
Mailing Address _____		____/____/____	\$ _____
City, State, Zip Code <u>LAUREL, MS</u>		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) <u>LAWN SERVICE</u>		Aggregate year-to-date	\$ <u>1,000</u>



Name of Candidate or Committee MHRCReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>COCA COLA BOTTLING</u>	<u>7/20/09</u>	\$ <u>1,000</u>
Mailing Address		<u>1 1</u>	\$
City, State, Zip Code	<u>CHARLOTTE, NC</u>	<u>1 1</u>	\$
Name of Employer (Required)	<u>1</u>	<u>1 1</u>	\$
Occupation (Required)	<u>BOTTLING</u>	Aggregate year-to-date	\$ <u>1,000</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>BANCORP SOUTH</u>	<u>7/1/09</u>	\$ <u>500</u>
Mailing Address		<u>1 1</u>	\$
City, State, Zip Code	<u>TUPACO, MS</u>	<u>1 1</u>	\$
Name of Employer (Required)		<u>1 1</u>	\$ <u>500</u>
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>MS ORGAN RECOVERY AGENCY</u>	<u>7/22/09</u>	\$ <u>2,500</u>
Mailing Address		<u>1 1</u>	\$
City, State, Zip Code	<u>JACKSON, MS</u>	<u>1 1</u>	\$
Name of Employer (Required)		<u>1 1</u>	\$
Occupation (Required)	<u>ORGAN RECOVERY</u>	Aggregate year-to-date	\$ <u>2500</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>WILLIAM C. DENNY, JR</u>	<u>7/23/09</u>	\$ <u>250</u>
Mailing Address		<u>1 1</u>	\$
City, State, Zip Code	<u>JACKSON, MS</u>	<u>1 1</u>	\$
Name of Employer (Required)		<u>1 1</u>	\$
Occupation (Required)	<u>LEGISLATION</u>	Aggregate year-to-date	\$ <u>250</u>



Name of Candidate or Committee MHRCReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>TOWNA HOAN</u>		<u>6/4/09</u>	\$ <u>1,000</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code <u>Flowood, MS</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) <u>LOANS</u>		Aggregate year-to-date	\$ <u>1,000</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MADISON COUNTY REPUBLICAN PARTY</u>		<u>6/9/09</u>	\$ <u>2,500</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code <u>RICHLAND, MS</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>2,500</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>CAMPAIGN FUND</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>R.P. SIM RELLINGTON</u>		<u>7/23/09</u>	\$ <u>2,000</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code <u>RAYMOND, MS</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) <u>LEGISLATOR</u>		Aggregate year-to-date	\$ <u>2,000</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>POLITICAL COMM</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>RAVENS CO REPUBLICAN</u>		<u>12/3/09</u>	\$ <u>5,000</u>
Mailing Address <u>EXECUTIVE COMM.</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>5,000</u>

Name of Candidate or Committee MHRC  
Reporting period 11/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>GREG PIRKLE</u>	<u>11/25/09</u>	\$ <u>250</u>
Mailing Address	_____	____/____/____	\$ _____
City, State, Zip Code	_____	____/____/____	\$ _____
Name of Employer (Required)	<u>BELDEN, INC</u>	____/____/____	\$ _____
Occupation (Required)	_____	Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>DR LEE ROGERS</u>	<u>12/30/09</u>	\$ <u>250</u>
Mailing Address	_____	____/____/____	\$ _____
City, State, Zip Code	_____	____/____/____	\$ _____
Name of Employer (Required)	<u>TUPACO, INC</u>	____/____/____	\$ _____
Occupation (Required)	_____	Aggregate year-to-date	\$ <u>250</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>W.O. FITCH</u>	<u>11/24/09</u>	\$ <u>500</u>
Mailing Address	_____	____/____/____	\$ _____
City, State, Zip Code	_____	____/____/____	\$ _____
Name of Employer (Required)	<u>HOLLY SPRINGS, INC</u>	____/____/____	\$ _____
Occupation (Required)	_____	Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>CHARLES R. RUSSELL</u>	<u>11/30/07</u>	\$ <u>250</u>
Mailing Address	_____	____/____/____	\$ _____
City, State, Zip Code	_____	____/____/____	\$ _____
Name of Employer (Required)	<u>TUPACO, INC</u>	____/____/____	\$ _____
Occupation (Required)	_____	Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee MHRC  
Reporting period 11/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>MITCHELL BEVERAGE, LLC</u>	<u>11/23/09</u>	\$ <u>500</u>
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>MERIDIAN, MS</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)	<u>BEVERAGES</u>	Aggregate year-to-date	\$ <u>500</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>DA PIZZERIA INC</u>	<u>11/03/09</u>	\$ <u>1,000</u>
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>NEW YORK, NY</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)	<u>DRUGS</u>	Aggregate year-to-date	\$ <u>1,000</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>MIKE MAYNARD</u>	<u>11/20/09</u>	\$ <u>250</u>
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>TUPERO, MS</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>MARY JO ANDERSON</u>	<u>11/20/09</u>	\$ <u>250</u>
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>TUPERO, MS</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee M H R CReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SUSAN WRIGHT ROBERTS</u>		<u>11/24/09</u>	\$ <u>25</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code _____		<u>1/1/</u>	\$
Name of Employer (Required) <u>TUPACU, INC</u>		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>25</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PHIL MURKIS</u>		<u>11/22/09</u>	\$ <u>25</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code _____		<u>1/1/</u>	\$
Name of Employer (Required) <u>NEW ALBANY, INC</u>		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>25</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BROWN BOTTLING GROUP</u>		<u>7/7/09</u>	\$ <u>351</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code _____		<u>1/1/</u>	\$
Name of Employer (Required) <u>RIDGECANY, INC</u>		<u>1/1/</u>	\$
Occupation (Required) <u>* DONATION SOFT DRINKS</u>		Aggregate year-to-date	\$ <u>351</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>RAP GREG SNOWDEN</u>		<u>12/17/09</u>	\$ <u>500</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code _____		<u>1/1/</u>	\$
Name of Employer (Required) <u>MILLBURN, INC</u>		<u>1/1/</u>	\$
Occupation (Required) <u>LEGISLATION</u>		Aggregate year-to-date	\$ <u>750</u>

Name of Candidate or Committee M H R C  
Reporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>COMCAST</u>		<u>8/5/09</u>	\$ <u>1,000</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1,000</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>HALLEY'S PAC</u>		<u>8/3/09</u>	\$ <u>2,500</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>2,500</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CLARA HESTER</u>		<u>11/13/09</u>	\$ <u>1,000</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) <u>LOBST</u>		Aggregate year-to-date	\$ <u>1,000</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u>1/1/</u>	\$
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code _____		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee M HRCReporting period 1/1/09 through 12/31/09

## ITEMIZED DISBURSEMENTS

A. Full name	<u>KATHRYN PAVIS</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>7/23/09</u>	\$ <u>2000</u>
City, State, Zip Code	<u>JACKSON, MS</u>	<u>1</u> <u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	<u>LUNCH AT GOLF TOURNAMENT</u>	Aggregate Year-to-date	\$ <u>2000</u>
B. Full name	<u>SARA WILLIAMS</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>6/15/09</u>	\$ <u>651</u>
City, State, Zip Code	<u>JACKSON, MS</u>	<u>1</u> <u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	<u>TOURNAMENT MAINTENANCE</u>	Aggregate Year-to-date	\$ <u>651</u>
C. Full name	<u>SARA WILLIAMS</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>7/23/09</u>	\$ <u>5277</u>
City, State, Zip Code	<u>JACKSON, MS</u>	<u>1</u> <u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	<u>GOLF TOURNAMENT</u>	Aggregate Year-to-date	\$ <u>5938</u>
D. Full name	<u>REUNION GOLF CLUB</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>7/23/09</u>	\$ <u>9741</u>
City, State, Zip Code	<u>MADISON, MS</u>	<u>1</u> <u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	<u>GOLF TOURNAMENT</u>	Aggregate Year-to-date	\$ <u>9741</u>
E. Full name	<u>ACME PRINTING</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>7/27/09</u>	\$ <u>1284</u>
City, State, Zip Code		<u>1</u> <u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	<u>GOLF TOURNAMENT</u>	Aggregate Year-to-date	\$ <u>1284</u>
F. Full name	<u>SARA WILLIAMS</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>7/27/09</u>	\$ <u>535</u>
City, State, Zip Code	<u>JACKSON, MS</u>	<u>1</u> <u>1</u> <u>1</u>	\$
Purpose of Disbursement (Optional)	<u>SIGNS &amp; GOLF</u>	Aggregate Year-to-date	\$ <u>6473</u>

Name of Candidate or Committee MARC  
Reporting period 1/1/09 through 12/31/09

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>SERVICK PRINTING</u>	<u>4/9/09</u>	\$ <u>304</u>
Mailing Address		
City, State, Zip Code	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>304</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>HILTON GARDEN INN</u>	<u>11/30/09</u>	\$ <u>2497</u>
Mailing Address		
City, State, Zip Code	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2497</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$